

STATE OF MAINE

BOARD of BARBERING AND COSMETOLOGY

Application for Establishment License



Department of Professional and Financial Regulation

Office of Licensing and Registration
Board of Barbering and Cosmetology

35 State House Station

Augusta, ME 04333

Telephone: (207) 624-8579

TTY/HEARING-IMPAIRED: 888-577-6690

FAX: (207) 624-8637

Email cathleen.a.bitz@maine.gov



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF BARBERING AND COSMETOLOGY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

John Elias Baldacci
GOVERNOR

ANNE L. HEAD
DIRECTOR

Enclosed in this application packet is an application for establishment and a self-inspection checklist. This checklist will be used to assist us in determining that your shop meets the requirements to become licensed.

Please complete, sign and return the required information to our office at the address above. Upon receipt, your information will be evaluated and a license will be issued and mailed to you if approved. You may not open your shop for business until you are in receipt of your license.

The self-inspection checklist program is not intended to circumvent compliance with the Board's Laws and Rules. This process is intended to ensure that shops meet the minimum requirements and open for business more quickly.

A physical inspection of your shop will be done within approximately 60 days from the date of licensure.

If you have any questions, feel free to contact Cathleen Bitz at 624-8579. Please allow approximately 7-10 days for processing of your license.



PRINTED ON RECYCLED PAPER
888-577-6690(HEARING IMPAIRED)

PHONE: (207)6248579 (OFFICE PHONE)

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE



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APPLICATION FOR ESTABLISHMENT LICENSE

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

FEE: \$90.00 (\$50.00 Application Fee and \$40.00 License Fee) payable to **Treasurer, State of Maine**. If paying by credit card, please submit the enclosed authorization form.

What services will be offered at your establishment (check all that apply)

☐ Cosmetology ☐ Manicuring ☐ Aesthetics ☐ Barbering

Is your establishment (Check one)

☐ Sole Ownership ☐ Partnership ☐ Corporation (corporate name and Fed. ID#)

Full Name of Owner(s)	Last	First	Middle
	Last	First	Middle
Corporation Name If Applicable.....			
Social Security Number or Federal Identification Number	SS#		
	FEIN#:		
Date of Birth.....			
Name of Establishment.....			
Physical Location of Establishment Include Street, City, State, Zip Code and County.....			

Contact Address of Establishment Include Street, City, State, Zip Code and County.....									
Establishment Telephone Number..									
Business Located in (check one)	<input type="checkbox"/> Professional Building <input type="checkbox"/> Personal Residence <input type="checkbox"/> Mall <input type="checkbox"/> Other (describe)								
Date your establishment will be ready for inspection.....									
CHANGE OF LOCATION If you are relocating your current establishment to a new location, this section must be completed	Former Location: License # _____ Expiration Date: _____								
CHANGE OF OWNERSHIP If you are purchasing an existing establishment this section must be completed	Former owner of establishment: Date Change of Ownership took place: _____								
If you are dissolving a partnership other than death or divorce, the party being removed must sign this application or send a verifiable letter that they are no longer a partner of this license	Signature of former owner								
Hours of Operation. Give Days and times your establishment will be open for business	<table> <tr> <td>Monday</td> <td>Friday</td> </tr> <tr> <td>Tuesday</td> <td>Saturday</td> </tr> <tr> <td>Wednesday</td> <td>Sunday</td> </tr> <tr> <td>Thursday</td> <td></td> </tr> </table>	Monday	Friday	Tuesday	Saturday	Wednesday	Sunday	Thursday	
Monday	Friday								
Tuesday	Saturday								
Wednesday	Sunday								
Thursday									
Have you or any corporate officers ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Applicant _____ Date _____								

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH YOUR ORIGINAL APPLICATION FOR LICENSURE. FAILURE TO OMIT ANY INFORMATION REQUESTED WILL RESULT IN THE RETURN OF YOUR APPLICATION AND SUBSEQUENTLY DELAY THE OPENING OF YOUR SHOP.

1. Completed application with the appropriate fee.
2. Plumbing permit, which includes the local plumbing inspector's signature of approval. Even if no plumbing work was done, we need a statement from a licensed plumber stating the existing plumbing meets the current plumbing code.
3. Electrical permit or written statement from the licensed electrician that the work completed was in compliance with the national electrical code if no permit was required. . Even if no electrical work was done, we need a statement from a licensed electrician stating the existing electrical meets the current electrical code.
4. Satisfactory water test for private water sources only.
5. Detailed floor plan of your establishment noting all entrances, exits, public restrooms, and what each area is to be used for. Use a separate sheet of paper.
6. Directions to your establishment. Give clear directions from Augusta. Make directions clear as possible noting any landmarks or structures that will assist in locating your business.
7. Check list.

BOARD OF BARBERING & COSMETOLOGY
(This form must be completed and submitted with your application)

Directions to Establishment

Give directions to your establishment from Augusta:

Make directions as clear as possible, noting any identifying signs, landmarks or structures that will assist in locating your business.

Floor Plan of Establishment

Please provide a floor plan of your establishment. Make note of entrances, exits, purpose for each room or area and location of the public restroom. **Reminder:** The establishment must have a utility sink or shampoo bowl, in addition to the sink in the restroom.

CONTACT PERSON:

TELEPHONE NUMBER:

SELF INSPECTION CHECKLIST FOR NEW ESTABLISHMENTS

Your establishment must comply with all items marked on this list as well as any other rules pertaining to establishments licensed by the board. It is recommended that you read chapter 3 of the boards rules to ensure that your establishment meets all requirements. By checking each box on this form, you are verifying that your establishment has met each requirement.

GENERAL RULES

- ☐ Valid licenses, registrations and permits are conspicuously displayed for public view and inspection in the establishment.
- ☐ The name of the licensee, license number and expiration date is visible at all times.
- ☐ There is a separate entrance directly into the shop from a public access area. Accessing the shop from any living area of a residence is prohibited.
- ☐ The entrance to the shop is clearly marked.
- ☐ The shop is adequately ventilated at all times.
- ☐ No other business is conducted in the shop unless separated by a full-length partition. (This includes massage therapy, electrology, tanning, or any other related business not licensed by this board.)

EQUIPMENT

- ☐ One cabinet for storing clean towels
 - ☐ Adequate supply of clean towels
 - ☐ Dry sanitizing agent in cabinet
 - ☐ Cabinet must close completely
- ☐ One cabinet or adequate shelving for storing supplies
- ☐ Container for soiled towels.
- ☐ Covered waste receptacle.
- ☐ One wet sanitizer unit of adequate size with appropriate sanitizing agent
 - ☐ Wet sanitizers shall contain suitable chemical germicide solution, which shall be bacteriological effective. The solution must be changed regularly. Establishments using all disposable tools, implements, applicators, etc are not required to provide wet sanitizers)
- ☐ Sufficient tools and implements necessary for services being rendered.
- ☐ Adequate and appropriate chairs for services being provided.
- ☐ Utility sink (in addition to the restroom sink) or shampoo bowl with hot and cold running water under pressure connected to sewerage disposal. All shampoo bowls must be equipped with an approved back flow prevention device.

RESTROOM FACILITIES

- ☐ The restroom must be in or directly adjacent to the establishment. If the establishment is in a commercial building and there is a public restroom for all business in that building, that will be acceptable. However, this restroom must be kept clean and have all requirements for restrooms as described below. If the establishment is in a residence or home, you can not enter any part of your living quarters to access the restroom. The restroom must be directly connected to the establishment.
- ☐ All restrooms must provide a flush-operated toilet and sink with hot and cold running water.
- ☐ Restrooms not used for storage.
- ☐ Restroom is adequately ventilated. If there are no windows capable of being opened, adequate mechanical ventilation must be provided.
- ☐ A suitable holder for sanitary paper towels or workable hot air blower. The use of cloth towels is prohibited.
- ☐ Adequate supply of hand soap and soap dispenser. The use of bar soap is prohibited.
- ☐ A covered waste container.
- ☐ A conspicuously displayed sign is posted. "Notice to all employees - please wash hands after using the restroom"

WATER, PLUMBING AND ELECTRICAL REQUIREMENTS

- ☐ The establishment must provide an adequate supply of hot and cold water as may be necessary to conduct business.
- ☐ An approved testing agent must test private water supplies for bacteria and coliform within 6 months of application for licensure.
- ☐ All plumbing must be in compliance with the Maine Plumbing Code administered by the Plumbers Examiner Board. Documentation certifying compliance by the city or town plumbing inspector is in my possession. A copy is attached to my application.

NOTE: All cities and towns have a local plumbing inspector. Your licensed plumber should take out a plumbing permit before doing your plumbing. The city or town will issue a plumbing permit for your location. Upon completion of the work, the local inspector must come to your location and approve the work that was done. Once done correctly, they will sign the permit again verifying that the plumbing was installed correctly. This fully executed permit must be submitted with your application for establishment.

- ☐ All electrical installations must be in compliance with the current edition of the National Electrical Code. Documentation certifying compliance by city or state electrical inspectors is required. A copy is attached to my application.

SANITATION

- ☐ Floors shall be of such construction as to be easily cleaned and be kept in good repair. The use of carpeting under styling chairs and in the restroom facility is prohibited and a non porous hard flooring surface shall be provided.

BLOOD BORNE FLUID CONTAMINATION

- ☐ Establishment has a sealable plastic bag for disposal of material being exposed to blood and/or body fluids.
- ☐ Establishment has a puncture proof container for disposable sharp objects that come in contact with blood or other body fluids. The container is strong enough to protect the licensee, client and others from accidental cuts or puncture wounds that could happen during the disposal process.

By signing this check list, I verify that I have read all of the Maine Board of Barbering & Cosmetology Laws and Rules, including Chapter 3 which describes the safety and sanitation requirements to open and operate a shop. I affirm that the items checked on this list have been installed and completed and that all requirements for opening my establishment have been met. This list is not inclusive and not intended to circumvent following established laws and rules. I understand the Maine Board of Barbering & Cosmetology will rely upon this information for issuance of my license and that sanctions may be imposed including suspension and revocation of my license if the information being reported is found to be false.

Signature

Date

Signature and date must be on this form in order to process your application

If your application and supporting checklist is accepted, your shop/license will be issued which authorizes you to open for business upon receipt of the license. Your shop will be formally inspected within 60 days from your license issue date.



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #:
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐

Visa

☐

MasterCard

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____

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